State of California
Governor's Office of Criminal Justice Planning

FORENSIC MEDICAL REPORT: ACUTE (<72 HOURS) CHILD/ADOLESCENT SEXUAL ABUSE EXAMINATION

OCJP 930

For more information or assistance in completing the OCJP 930 please contact
University of California, Davis California Medical Training Center at:
(916) 734-4141

This form is available on the following Web site:
www.ocjp.ca.gov

FORENSIC MEDICAL REPORT: ACUTE (<72 HOURS)
CHILD/ADOLESCENT SEXUAL ABUSE EXAMINATION
STATE OF CALIFORNIA
OFFICE OF CRIMINAL JUSTICE PLANNING

OCJP 930

Confidential Document **Patient Identification**

A. GENERAL INFORMATION (print or type) Name of Medical Facility:

1. Name of patient | Patient ID number

2. Address | City | County | State | Telephone

3. Age	DOB	Gender M F	Ethnicity	Arrival Date	Arrival Time	Discharge Date	Discharge Time

4. Name of : ☐ Mother ☐ Stepmother ☐ Guardian | Address | City | County | State | Telephone W: H:

5. Name of : ☐ Father ☐ Stepfather ☐ Guardian | Address | City | County | State | Telephone W: H:

6. Name(s) of Siblings	Gender	Age	DOB	Name(s) of Siblings	Gender	Age	DOB
	M F				M F		
	M F				M F		

B. REPORTING AND AUTHORIZATION Jurisdiction (☐city ☐county ☐other):

1. Telephone report made to	Name	Agency	ID number	Telephone
Law Enforcement ☐ and/or Child Protective Services ☐				

2. Responding Personnel (to medical facility)	Name	Agency	ID number	Telephone
Law Enforcement ☐ and/or Child Protective Services ☐				

3. Assigned Investigator (if known)	Name	Agency	ID number	Telephone
Law Enforcement ☐ and/or Child Protective Services ☐				

4. Authorization for evidential exam requested by law enforcement or child protective services agency

I request a forensic medical examination for suspected sexual abuse at public expense.

☐ **Law enforcement officer** **ID number** ☐ **Child Protective Services**

Telephone Authorization
Agency:
Authorizing party:
ID number:
Date/time:

Telephone **Date** **Time** **Case number**

C. CONSENT FOR EXAMINATION BY PATIENT/PARENT/GUARDIAN

Note: Parental consent is not required for a suspected child sexual abuse examination if the child is in protective custody. Family Code Section 6927 permits minors (12 to 17 years of age) to consent to medical examination, treatment, and evidence collection for sexual assault without parental consent. See instructions regarding parental notification requirements for minors.

- I hereby consent to a forensic medical examination for evidence of sexual abuse. I understand that collection of evidence may include photographing injuries and that these photographs may include the anal-genital area (private parts). I further understand that medical providers are required to notify child protective authorities of known or suspected child abuse; and, if child abuse is found or suspected, this form and any evidence obtained will be released to a child protective agency.
- I have been informed that victims of crime are eligible to submit crime victim compensation claims to the State Victims of Crime (VOC) Restitution Fund for out-of-pocket medical expenses, psychological counseling, loss of wages, and job retraining/rehabilitation.
- I understand that data without patient identity may be collected from this report for health and forensic purposes and provided to health authorities and other qualified persons with a valid educational or scientific interest for demographic and/or epidemiological studies.

Signature _____ ☐ Patient ☐ Parent ☐ Guardian

DISTRIBUTION OF OCJP 930

☐ Original – Law Enforcement ☐ Copy – Child Protective Services ☐ Copy within evidence kit – Crime Lab ☐ Copy – Medical Facility Records

D. PATIENT HISTORY

1. Record time or time frame of the incident(s)	Date(s)	Time or time frame
☐ Less than 72 hours		
☐ Multiple incidents over time		

2. Pertinent physical surroundings of abuse/assault:

Patient Identification

3. Record patient's name for: Female genitalia	4. Alleged perpetrator(s) name(s)	Age	Gender	Ethnicity	Relationship to Patient	
					Known	Unknown
Male genitalia	#1.		M F			
Breasts	#2.		M F			
Anus	#3.		M F			

E. ACTS DESCRIBED BY HISTORIAN

Name of historian	Relationship to patient	History obtained by:	Telephone	Agency ☐ Not applicable

	No	Yes	Attempted	Unsure	N/A	Describe pain and/or bleeding and additional pertinent history:
Genital/vaginal contact/penetration by:						
Penis	☐	☐	☐	☐	☐	
Finger	☐	☐	☐	☐	☐	
Object (Describe)	☐	☐	☐	☐	☐	
Associated pain?	☐	☐		☐	☐	
Associated bleeding?	☐	☐		☐	☐	
Anal contact/penetration by:						
Penis	☐	☐	☐	☐	☐	
Finger	☐	☐	☐	☐	☐	
Object (Describe)	☐	☐	☐	☐	☐	
Associated pain?	☐	☐		☐	☐	
Associated bleeding?	☐	☐		☐	☐	
Oral copulation of genitals:						
Of patient by assailant	☐	☐	☐	☐	☐	
Of assailant by patient	☐	☐	☐	☐	☐	
Oral copulation of anus:						
Of patient by assailant	☐	☐	☐	☐	☐	
Of assailant by patient	☐	☐	☐	☐	☐	
Anal/genital fondling:						
Of patient by assailant	☐	☐	☐	☐	☐	
Of assailant by patient	☐	☐	☐	☐	☐	
Non-genital act(s)?	☐	☐				
If yes: ☐Fondling ☐Licking ☐Kissing ☐Suction Injury ☐Biting						
Other acts? (Describe)	☐	☐	☐	☐	☐	
Did ejaculation occur?	☐	☐		☐	☐	
If yes, note location(s):						
☐Mouth ☐Vagina ☐Body surface ☐On bedding						
☐Anus/Rectum ☐On clothing ☐Other						
Contraceptive or lubricant products?	☐No	☐Yes			☐	
If yes, note type/brand: ☐Foam ☐Jelly ☐Lubricant ☐Condom						
Were force or threats used?	☐No	☐Yes	☐Force ☐Threats		☐	
Were weapons used?	☐No	☐Yes			☐	
If yes, describe:						
Were pictures/videotapes taken ☐ or shown ☐?	☐No	☐Yes				
If yes, note type(s):	☐ Pictures	☐Videotapes				
Were drugs ☐ or alcohol ☐ used?	☐No	☐Yes*			☐	
Loss of memory?	☐No	☐Yes*			☐	
Lapse of consciousness?	☐No	☐Yes*			☐	
Vomited after act(s)?	☐No	☐Yes			☐	
Behavioral changes in patient?	☐No	☐Yes			☐	

***Collection of toxicology samples is recommended according to local policy.**

F. ACTS DESCRIBED BY PATIENT

1. Acts disclosed by patient to: ☐ Law Enforcement Officer ☐ Medical Examiner ☐ Multi-disciplinary Interview Team ☐ Social Worker ☐ Other:

	No	Yes	Attempted	Unsure	N/A
Genital/vaginal contact/penetration by:					
Penis	☐	☐	☐	☐	☐
Finger	☐	☐	☐	☐	☐
Object (Describe below)	☐	☐	☐	☐	☐
Associated pain?	☐	☐		☐	☐
Associated bleeding?	☐	☐		☐	☐
Anal contact/penetration by:					
Penis	☐	☐	☐	☐	☐
Finger	☐	☐	☐	☐	☐
Object (Describe below)	☐	☐	☐	☐	☐
Associated pain?	☐	☐		☐	☐
Associated bleeding?	☐	☐		☐	☐
Oral copulation of genitals:					
Of patient by assailant	☐	☐	☐	☐	☐
Of assailant by patient	☐	☐	☐	☐	☐
Oral copulation of anus:					
Of patient by assailant	☐	☐	☐	☐	☐
Of assailant by patient	☐	☐	☐	☐	☐
Anal/genital fondling:					
Of patient by assailant	☐	☐	☐	☐	☐
Of assailant by patient	☐	☐	☐	☐	☐
Non-genital act(s)?	☐	☐			☐
If yes: ☐ Fondling ☐ Licking ☐ Kissing ☐ Suction injury ☐ Biting					
Other acts? (Describe below)	☐	☐	☐	☐	☐
Did ejaculation occur?	☐	☐		☐	☐

If yes, note location(s):
☐ Mouth ☐ Vagina ☐ Body surface ☐ On bedding
☐ Anus/Rectum ☐ On clothing ☐ Other

Contraceptive or lubricant products? ☐ No ☐ Yes ☐
If yes, note type/brand: ☐ Foam ☐ Jelly ☐ Lubricant ☐ Condom

Were force or threats used? ☐ No ☐ Yes ☐ Force ☐ Threats

Were weapons used? ☐ No ☐ Yes ☐

If yes, describe: _____

Were pictures/videotapes ☐ taken or ☐ shown? ☐ No ☐ Yes ☐
If yes, note type(s): ☐ Pictures ☐ Videotapes

Were drugs ☐ or alcohol ☐ used? ☐ No ☐ Yes* ☐

Loss of memory? ☐ No ☐ Yes* ☐

Lapse of consciousness? ☐ No ☐ Yes* ☐

Vomited after act(s)? ☐ No ☐ Yes ☐

Behavioral changes? ☐ No ☐ Yes ☐

***Collection of toxicology samples is recommended according to local policy.**

2. Describe pain and/or bleeding (using patient's exact words) and additional pertinent history from above.

_____

_____

_____

_____

_____

_____

Patient Identification

G. MEDICAL HISTORY (to be completed by medical personnel)

1. Name of person providing history	Relationship to patient	Date	Time

	No	Yes
2. Any recent (60 days) anal-genital injuries, surgeries, diagnostic procedures, or medical treatment that may affect the interpretation of physical findings?	☐	☐
3. Any other pertinent medical conditions that may affect the interpretation of physical findings?	☐	☐
4. Any pre-existing physical injuries?	☐	☐
5. Any previous history of physical abuse and/or neglect?	☐	☐
6. Any previous history of sexual abuse?	☐	☐
7. Other intercourse? (For adolescents only)	☐	☐
If yes,		
anal (within past 5 days)? When _____	☐	☐
vaginal (within past 5 days)? When _____	☐	☐
oral (within past 24 hours)? When _____	☐	☐
If yes, did ejaculation occur?	☐	☐
If yes, where? _____		
If yes, was a condom used?	☐	☐
8. Menstrual periods? If yes, age of menarche: _____	☐	☐
Last menstrual period: _____	☐	☐

9. Other symptoms disclosed	**by patient:** No	Yes	**by historian:** No	Yes	Unk
Abdominal/pelvic pain	☐	☐	☐	☐	☐
Pain on urination	☐	☐	☐	☐	☐
Genital discomfort or pain	☐	☐	☐	☐	☐
Genital itching	☐	☐	☐	☐	☐
Genital discharge	☐	☐	☐	☐	☐
Genital bleeding	☐	☐	☐	☐	☐
Rectal discomfort or pain	☐	☐	☐	☐	☐
Rectal itching	☐	☐	☐	☐	☐
Rectal bleeding	☐	☐	☐	☐	☐
Constipation	☐	☐	☐	☐	☐
Other _____	☐	☐	☐	☐	☐

If yes, describe onset, duration, and intensity:

10. Post-assault hygiene activity ☐ Not applicable if over 72 hours	**by patient:** No	Yes	**by historian:** No	Yes	Unk
Urinated	☐	☐	☐	☐	☐
Defecated	☐	☐	☐	☐	☐
Genital or body wipes	☐	☐	☐	☐	☐
If yes, describe:_____	☐	☐	☐	☐	☐
Douched					
If yes, with what?_____					
Removed/inserted ☐ tampon ☐ diaphragm	☐	☐	☐	☐	☐
Oral gargle/rinse	☐	☐	☐	☐	☐
Bath/shower/wash	☐	☐	☐	☐	☐
Brushed teeth	☐	☐	☐	☐	☐
Ate or drank	☐	☐	☐	☐	☐
Changed clothing	☐	☐	☐	☐	☐
If yes, describe:					

H. GENERAL PHYSICAL EXAMINATION

Record all findings using diagrams, legend, and a consecutive numbering system.

1. BP	Pulse	Resp	Temp	Height	Weight	2. Exam Started		Exam Completed	
						Date	Time	Date	Time

3. **Female Tanner Stage – Breast** 1☐ 2☐ 3☐ 4☐ 5☐

4. **Describe general physical appearance.**

5. **Describe general demeanor and relevant statements made during exam.**

6. **Describe condition of clothing upon arrival.**

7. **Collect outer and underclothing if indicated.** ☐ **Not indicated**

Patient Identification

8. **Conduct a physical examination.** ☐ Findings ☐ No Findings
   General exam within normal limits: ☐ Yes ☐ No ☐ If no, describe:

9. **Collect dried and moist secretions, stains, and foreign materials from the body. Scan the entire body with a Wood's Lamp.**
   ☐ Findings ☐ No Findings

10. **Collect fingernail scrapings or cuttings according to local policy.**

Diagram A

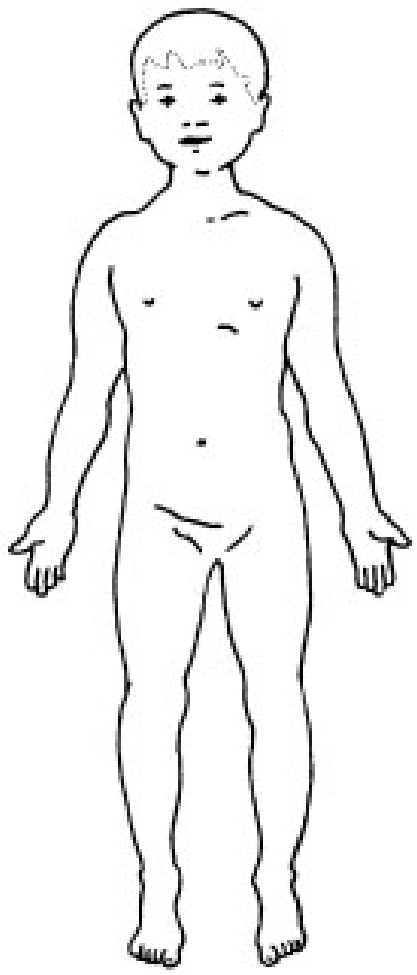
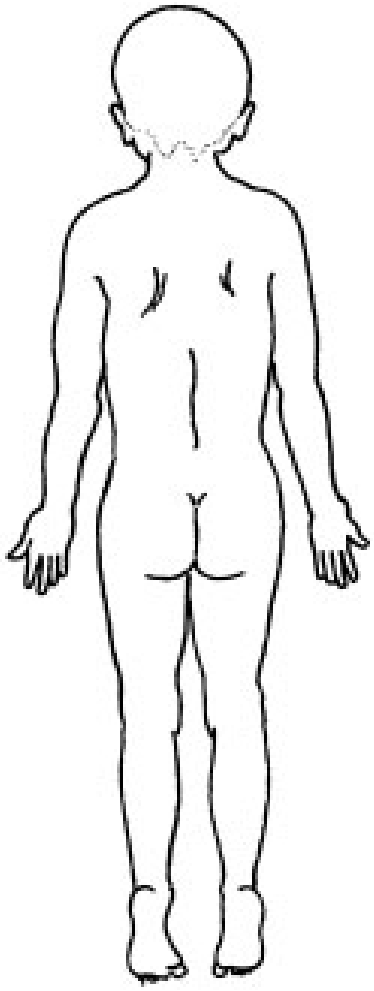


Diagram B



LEGEND: Types of Findings

AB	Abrasion	**CS**	Control Swab	**DS**	Dry Secretion	**HC**	Hymenal Cleft	**OI**	Other Injury (describe)	**PE**	Petechiae	**SW**	Swelling
AHT	Absent Hymenal Tissue	**CV**	Congenital Variation	**EC**	Ecchymosis (bruise)	**IN**	Induration			**PGW**	Possible Genital Wart	**TB**	Toluidine Blue⊕
				ER	Erythema (redness)	**IW**	Incised Wound	**OSC**	Other Skin Condition	**PS**	Potential Saliva	**TE**	Tenderness
AL	Anal Laxity	**DE**	Debris	**FB**	Foreign Body	**LA**	Laceration	**OT**	Other	**SH**	Submucosal Hemorrhage	**V/S**	Vegetation/Soil
BI	Bite	**DF**	Deformity	**F/H**	Fiber/Hair	**MS**	Moist Secretion	**PW**	Perianal Wart	**SHX**	Sample Per History	**VL**	Vesicular Lesion
BU	Burn	**DI**	Discharge	**GT**	Granulation Tissue	**OF**	Other Foreign Materials (describe)			**SI**	Suction Injury	**WL**	Wood's Lamp⊕

Locator #	Type	Description	Locator #	Type	Description

RECORD ALL CLOTHING AND SPECIMENS COLLECTED ON PAGE 8

I. HEAD, NECK, AND ORAL EXAMINATION

Record all findings using diagrams, legend, and a consecutive numbering system.

1. **Examine the face, head, hair, scalp, and neck for injury and foreign materials.**
   ☐ Findings ☐ No Findings
2. **Exam method:**
   ☐ Direct visualization ☐ Colposcope ☐ Other magnification
3. **Collect dried and moist secretions, stains, and foreign materials from the face, head, hair, scalp, and neck.**
   ☐ Findings ☐ No Findings
4. **Examine the oral cavity for injury and foreign materials. Collect foreign materials.**
   ☐ Findings ☐ No Findings
5. **Collect 2 swabs from the oral cavity up to 12 hours post assault and prepare one dry mount slide from one of the swabs.**
6. **Collect head hair reference samples according to local policy.**

Patient Identification

Diagram C

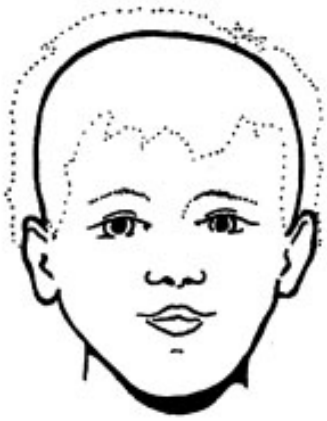


Diagram D

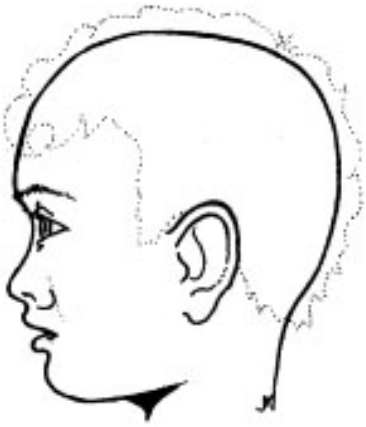


Diagram E

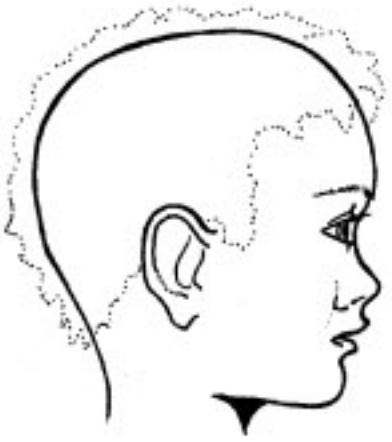
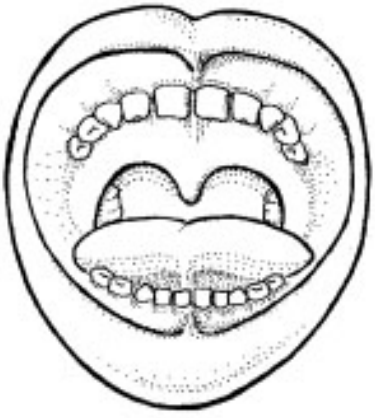


Diagram F



LEGEND: Types of Findings

AB	Abrasion	**CS**	Control Swab	**DS**	Dry Secretion	**HC**	Hymenal Cleft	**OI**	Other Injury (describe)	**PE**	Petechiae	**SW**	Swelling
AHT	Absent Hymenal Tissue	**CV**	Congenital Variation	**EC**	Ecchymosis (bruise)	**IN**	Induration			**PGW**	Possible Genital Wart	**TB**	Toluidine Blue⊕
AL	Anal Laxity	**DE**	Debris	**ER**	Erythema (redness)	**IW**	Incised Wound	**OSC**	Other Skin Condition	**PS**	Potential Saliva	**TE**	Tenderness
BI	Bite	**DF**	Deformity	**FB**	Foreign Body	**LA**	Laceration	**OT**	Other	**SH**	Submucosal Hemorrhage	**V/S**	Vegetation/Soil
BU	Burn	**DI**	Discharge	**F/H**	Fiber/Hair	**MS**	Moist Secretion	**PW**	Perianal Wart	**SHX**	Sample Per History	**VL**	Vesicular Lesion
				GT	Granulation Tissue	**OF**	Other Foreign Materials (describe)			**SI**	Suction Injury	**WL**	Wood's Lamp⊕

Locator #	Type	Description	Locator #	Type	Description

RECORD ALL CLOTHING AND SPECIMENS COLLECTED ON PAGE 8

J. GENITAL EXAMINATION - FEMALES

Record all findings using diagrams, legend, and a consecutive numbering system.

1. Examine the inner thighs, external genitalia, and perineal area.

2. Exam method: ☐ Direct visualization ☐ Colposcope ☐ Other magnification

Exam positions/methods:

	Separation	Traction	Knee Chest
Supine	☐	☐	☐
Prone	☐	☐	☐

☐ Saline/Water ☐ Moistened swab ☐ Toluidine Blue Dye

☐ Catheter ☐ Other:

3. Genital Tanner Stage 1☐ 2☐ 3☐ 4☐ 5☐

4. Examine the genital structures. Check the ABN box(es) if there are abuse/assault related findings and describe.

	WNL	ABN	Describe:
Inner thighs	☐	☐	
Inguinal adenopathy	☐	☐	
Labia majora	☐	☐	
Labia minora	☐	☐	
Clitoral hood	☐	☐	
Perineum	☐	☐	
Periurethral tissue/urethral meatus	☐	☐	
Perihymenal tissue (vestibule)	☐	☐	
Hymen ☐ Supine ☐ Prone	☐	☐	
Record morphology:			
☐ Annular			
☐ Crescentic			
☐ Imperforate			
☐ Septate			
Fossa navicularis	☐	☐	
Posterior fourchette	☐	☐	
Vagina (pubertal adolescents)	☐	☐	
Cervix (pubertal adolescents)	☐	☐	

Discharge ☐ No ☐ Yes

If yes, describe: _____

No Findings ☐

5. Collect dried and moist secretions, stains, and foreign materials. Scan the area with a Wood's Lamp. ☐ Findings ☐ No Findings

6. Collect swabs and prepare slides.

☐ **Prepubertal female**
- ☐ **Collect at least 2 vulvar and 2 vestibular swabs.**

☐ **Pubertal female**
- ☐ **Collect 4 swabs from the vaginal pool.**
- ☐ **Prepare one wet mount and one dry mount slide.**
- ☐ **Collect 2 cervical swabs (if over 48 hours post assault).**

7. Collect pubic hair combing or brushing. ☐ Not applicable

8. Collect pubic hair reference samples according to local policy. ☐ Not applicable

LEGEND: Types of Findings

AB	Abrasion	**DF**	Deformity	**LA**	Laceration	**SH**	Submucosal Hemorrhage
AHT	Absent Hymenal Tissue	**DI**	Discharge	**MS**	Moist Secretion		
		DS	Dry Secretion	**OF**	Other Foreign Materials (describe)	**SHX**	Sample Per History
		EC	Ecchymosis (bruise)			**SI**	Suction Injury
AL	Anal Laxity	**ER**	Erythema (redness)	**OI**	Other Injury (describe)	**SW**	Swelling
BI	Bite	**FB**	Foreign Body	**OSC**	Other Skin Condition	**TB**	Toluidine Blue⊕
BU	Burn	**F/H**	Fiber/hair	**OT**	Other	**TE**	Tenderness
CS	Control Swab	**GT**	Granulation Tissue	**PW**	Perianal Wart	**V/S**	Vegetation/Soil
CV	Congenital Variation	**HC**	Hymenal Cleft	**PE**	Petechiae	**VL**	Vesicular Lesion
		IN	Induration	**PGW**	Possible Genital Wart	**WL**	Wood's Lamp⊕
DE	Debris	**IW**	Incised Wound	**PS**	Potential Saliva		

Locator #	Type	Description

Patient Identification

Diagram the position that best illustrates your findings.

Diagram G Genitalia - Supine

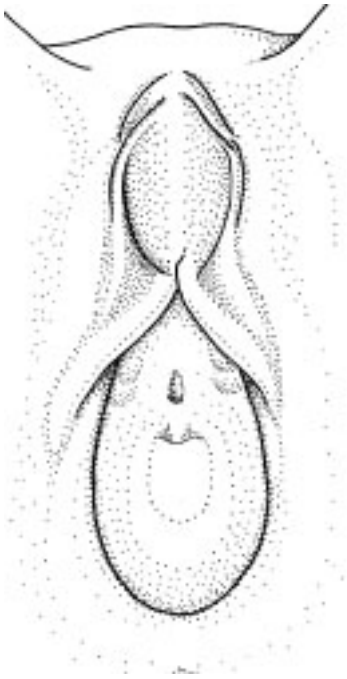
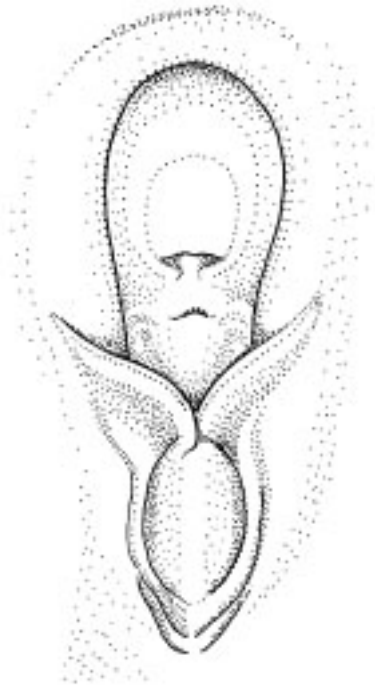


Diagram H Genitalia - Knee-Chest



RECORD ALL CLOTHING AND SPECIMENS COLLECTED ON PAGE 8

K. GENITAL EXAMINATION – MALES

Record all findings using diagrams, legend, and a consecutive numbering system.

1. Examine the inner thighs, external genitalia, and perineal area.

2. Exam method: ☐ Direct visualization ☐ Colposcope ☐ Other magnification

Exam positions/methods:

☐ Supine ☐ Prone ☐ Moistened swab

☐ Toluidine Blue Dye ☐ Other:_____

3. Genital Tanner Stage 1☐ 2☐ 3☐ 4☐ 5☐

4. Circumcised: ☐ No ☐ Yes

5. Check the ABN box(es) if there are abuse/assault related findings and describe.

	WNL	ABN	Describe:
Inner thighs	☐	☐	
Inguinal adenopathy	☐	☐	
Perineum	☐	☐	
Foreskin	☐	☐	
Glans Penis	☐	☐	
Penile shaft	☐	☐	
Urethral meatus	☐	☐	
Scrotum	☐	☐	
Testes	☐	☐	

Discharge ☐ No ☐ Yes If yes, describe: _____

No Findings ☐

6. Collect dried and moist secretions, stains, and foreign materials. Scan the area with a Wood's Lamp. ☐ Findings ☐ No Findings

7. Collect pubic hair combing or brushing. ☐ Not applicable

8. Collect pubic hair reference samples according to local policy. ☐ Not applicable

9. Collect 2 penile swabs, if indicated by assault history. ☐ Not applicable

10. Collect 2 scrotal swabs, if indicated by assault history. ☐ Not applicable

L. FEMALE/MALE ANAL AND RECTAL EXAMINATION

1. Examine the buttocks, perianal skin, and anal folds for injury, foreign materials, and other findings.

2. Record exam positions, methods, observations:

☐ Direct visualization ☐ Colposcope ☐ Other magnification

Exam positions	Observation	Observation with traction
Supine	☐	☐
Supine knee chest	☐	☐
Prone knee chest	☐	☐
Lateral recumbent	☐	☐

Exam methods: ☐ Moistened swab ☐ Toluidine blue dye ☐ Anoscopy ☐ Other:_____

3. Check the ABN box(es) if there are abuse/assault related findings and describe any abnormal or unusual findings.

☐ No Findings	WNL	ABN	Describe:
Buttocks	☐	☐	
Perianal skin	☐	☐	
Anal verge/folds/rugae	☐	☐	
Rectum	☐	☐	

Anal dilation ☐ No ☐ Yes If yes: ☐ Immediate ☐ Delayed

Stool present in rectal ampulla ☐ No ☐ Yes ☐ Undetermined

4. Collect dried and moist secretions, stains, and foreign materials.

☐ Findings ☐ No Findings

5. Collect 2 anal and/or rectal swabs and prepare one dry mount slide.

6. Rectal bleeding: ☐ No ☐ Yes If yes, describe:

LEGEND: Types of Findings

AB	Abrasion	**DF**	Deformity	**LA**	Laceration	**SH**	Submcosal Hemorhage
AHT	Absent Hymenal Tissue	**DI**	Discharge	**MS**	Moist Secretion	**SHX**	Sample Per History
		DS	Dry Secretion	**OF**	Other Foreign Materials (describe)	**SI**	Suction Injury
AL	Anal Laxity	**EC**	Ecchymosis (bruise)	**OI**	Other Injury (describe)	**SW**	Swelling
BI	Bite	**ER**	Erythema (redness)	**OSC**	Other Skin Condition	**TB**	Toluidine Blue⊕
BU	Burn	**FB**	Foreign Body	**OT**	Other	**TE**	Tenderness
CS	Control Swab	**F/H**	Fiber/hair	**PW**	Perianal Wart	**V/S**	Vegetation/Soil
CV	Congenital Variation	**GT**	Granulation Tissue	**PE**	Petechiae	**VL**	Vesicular Lesion
		HC	Hymenal Cleft	**PGW**	Possible Genital Wart	**WL**	Wood's Lamp⊕
DE	Debris	**IN**	Induration	**PS**	Potential Saliva		
		IW	Incised Wound				

Locator #	Type	Description

Patient Identification

Diagram I - Penis

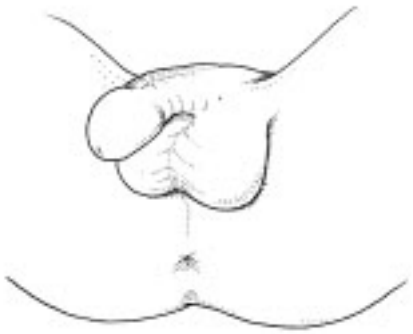


Diagram J - Penis

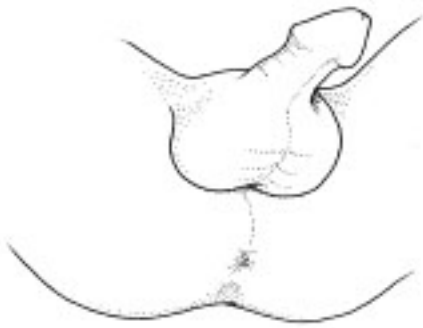


Diagram K - Anus Supine

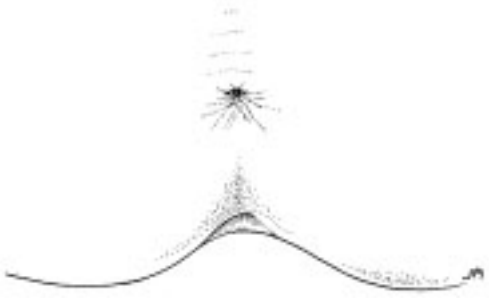
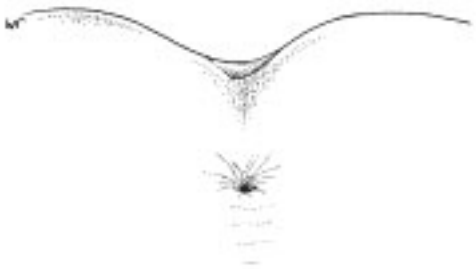


Diagram L - Anus Prone



RECORD ALL CLOTHING AND SPECIMENS COLLECTED ON PAGE 8

M. EVIDENCE COLLECTED AND SUBMITTED TO CRIME LAB

1. Clothing placed in evidence kit	Other clothing placed in bags

2. Foreign materials collected

	No	Yes	Collected by:
Swabs/suspected blood	☐	☐	
Dried secretions	☐	☐	
Fiber/loose hairs	☐	☐	
Vegetation	☐	☐	
Soil/debris	☐	☐	
Swabs/suspected semen	☐	☐	
Swabs/suspected saliva	☐	☐	
Swabs/Wood's Lamp⊕ area(s)	☐	☐	
Control swabs	☐	☐	
Fingernail scrapings/cuttings	☐	☐	
Matted hair cuttings	☐	☐	
Pubic hair combings/brushings	☐	☐	
Intravaginal foreign body	☐	☐	
Describe:			
Other types	☐	☐	
If yes, describe:			

3. Oral/genital/anal/rectal samples

	# Swabs	# Slides	Time collected	Collected by:
Oral				
Vulvar				
Vestibular				
Vaginal				
Cervical				
Anal				
Rectal				
Penile				
Scrotal				
Aspirate/washings (optional) ☐ No ☐ Yes				

4. Vaginal wet mount slide

	No	Yes	Time	Examiner:
Slide prepared				
Motile sperm observed				
Non-motile sperm observed				

N. TOXICOLOGY SAMPLES

	No	Yes	Time	Collected by:
Blood alcohol/toxicology (gray top tube)				
Urine toxicology				

O. REFERENCE SAMPLES

	No	Yes	Collected by:
Blood (lavender top tube)			
Blood (yellow top tube)			
Blood Card (optional)			
Buccal swabs (optional)			
Saliva swabs			
Head hair			
Pubic Hair			

P. PHOTO DOCUMENTATION METHODS

	No	Yes	Colposcope/ 35mm	Macrolens/ 35mm	Colposcope/ Videocamera	Other Optics
Body	☐	☐	☐	☐	☐	☐
Genitals	☐	☐	☐	☐	☐	☐

Photographed by:

Patient Identification

Q. FINDINGS AND INTERPRETATION

1. Anal-Genital Findings
- ☐ Normal anal-genital exam
- ☐ Abnormal anal-genital exam
- ☐ Indeterminate anal-genital exam

2. Assessment of Anal-Genital Findings
- ☐ Consistent with history
- ☐ Inconsistent with history
- ☐ Limited/Insufficient history

3. Interpretation of Anal-Genital Findings
- ☐ Normal exam: can neither confirm nor negate sexual abuse
- ☐ Non specific: may be caused by sexual abuse or other mechanisms
- ☐ Sexual abuse is highly suspected
- ☐ Definite evidence of sexual abuse and/or sexual contact

4. ☐ **Need further consultation/investigation**

5. ☐ **Lab results or photo review pending (may alter assessment)**

6. Additional comments regarding findings, interpretations, and recommendations:

R. MEDICAL LAB TESTS PERFORMED

STD Cultures	GC	Chlamydia	Other	Describe:	Collected by:
Oral	☐	☐	☐		
Vestibular	☐	☐	☐		
Vaginal	☐	☐	☐		
Cervical	☐	☐	☐		
Rectal	☐	☐	☐		
Penile	☐	☐	☐		
Wet mount	☐	☐	☐		
Serology	Syphilis ☐	HIV ☐	Hepatitis ☐		
Pregnancy test	Blood ☐	Urine ☐			
Other test(s)					

S. PRINT NAMES OF PERSONNEL INVOLVED

History taken by:	Telephone
Exam performed by:	
Specimens labeled and sealed by:	
Assisted by: N/A	
Signature of examiner	License No.

T. EVIDENCE DISTRIBUTION — GIVEN TO:

Clothing (item(s) not placed in evidence kit)	
Evidence Kit	
Reference blood samples	
Toxicology samples	

U. SIGNATURE OF OFFICER RECEIVING EVIDENCE

Signature: _____

Print name and ID#: _____

Agency: _____

Date: Telephone: